

MEMORANDUM FOR All Flight surgeons

RE: BLUF NOTES, MAR-MAY 2007

1. ATB Changes/Updates
 - a. No New changes or Updates yet, but closer than last update. Check AERO and USAAMA Homepage regularly to stay current.
2. APL Updates/New APL's
 - a. Orthopedics chapter and ATB Admin section are in progress as well. This is not as easy as originally thought and takes time.
 - b. Cardiology Chapter 2007 is under Consultant review and then will be further cleaned and edited prior to posting. Neurology, Urology, and Pulmonary are also moving forward. Dermatology has been reviewed and pending edits and updating. The rest will follow along. Hopefully the whole book will be reviewed, edited, and posted before the summer flight surgeon course.
 - c. Email thoughts, updates, or pertinent policy suggestions (such as do we need to continue having this condition as a waiver or could we move to Information Only, such as ACL repair) to aama@amedd.army.mil. Flights surgeons are doing an excellent job in caring for aviators and following the information required guidelines. Keep on following the guide.
 - d. **CHANTIX**: Chantix® has been reviewed at the last ACAP with the recommendation to approve use in aviators under similar management as Zyban® with the local flight surgeon, with the main side effect being initial nausea reported. Manage as follows:
 - i. Initially 2-weeks temporary DNIF
 - ii. Active participation in smoking cessation program throughout
 - iii. Re-eval locally—if all ok, FFD for 2 weeks at a time.
 - iv. No specific labs or waiver necessary.
 - v. Support the aviator and report any medication occurrences
3. News/Information (no major change, but worth repeating, **indicates new info)
 - a. ****Backlog News**: The backlog for AMS is quite minimal and holding that way. It may crawl upward with MAJ P deploying for 4 months. If you have a case that needs attention, as always, call, fax, email us at AAMA and will be glad to assist.
 - b. **ROTC Physicals**: ROTC Camp is fast approaching. If near a college or university, try to engage and assist the program to get Class 1's done on potential graduates.
 - c. ****AERO Usage**: AERO is proving itself day-after-day as a great, effective system. More enhancements and work our progressing and in the plan over the rest of this year and beyond. Our sister

service colleagues are gaining interest and experience—whenever able to, take the time to show our sister services and assist them in obtaining an AERO account. CAC use will be implemented NLT 1 JULY 07—this is mandated from above so insure able to function with your CAC card.

- d. **Facility Tracking and Submission:** These tools have been made available for local facility management and tracking. With more inputting the proper UIC, AAMA will be able to add UIC Tracking and Submission.
- e. **Class 2 Contractor Pilots:** AR 40-501, 4-2b(4), Jan 2007, opened this group to the option of FAA Class 2 or Army Class 2 flight physicals.
- f. **Fort Rucker SERE:** Flight students will be moving through **SERE-C** course before proceeding to Flight training. SERE uses the Class 1 physical for the pre-course medical clearance. Currently Class 1's do not require 2 items that are standard requirements for SERE training. **In discussion with Dean, JSOMTC, a digital rectal and stool guaiac will not be required provided visual inspection and hematocrit or hemoglobin are annotated. AERO has been updated so Block #40 remarks on DD2808 will have populated with the statement, "Not afraid of confined spaces or dark places."**
- g. **Civilian Waiver Authorities:** Remember, for DACs and contractors, insure USAAMA has the name and contact info to send the generated letter for waiver or suspension. Please provide.
- h. ****AERO Package Updates:** The abbreviated waiver letter module is in place and working well. Use it to insure waiver letter is in Flight records and Medical Records. Auto-disposition feature will be coming that allows more rapid disposition for those missing a number of items and incomplete as well as those pristine submissions. AMS Templates, Class 3 FDME/FDHS, ATC Civilian FDME are being built and tested.
- i. **More requests/tips from AAMA production/review staff:**
 - i. ****Paper FDMEs**—failure to use AERO is still creating wasted time and energy, with many (>40%) being returned incomplete or with data/information out of standards. Use AERO—it saves time. For those with paper submissions, all packets are being returned with an information packet for standards, requirements, AERO information, and worksheets for Refraction Surgery and Anthros.
 - ii. Annual Waiver Requirements—failing to address all of the AWRs is a major reason for return. With aviators on waivers, even Information Only AWRs, these must be addressed annually.
 - iii. Patient History, Form 2807 and DA4497—lack of Flight surgeon comment on declared history elements or

medications currently taking that are not approvable, some Class 4 medications even, is an embarrassing reason to return for further information and often an Aeromedical Summary. **AERO change package now points the flight surgeon to clearing the 2807 prior to submission.**

- iv. Hearing Loss/Shift—these need a complete audiology consult to update and reset baselines on existing Hearing Loss waivers. Each ear speech recognition testing (SRT) and with decibels and score is necessary for the AMS. Use AERO page 4 of the Form 2808.
- v. Corneal Refractive Surgery—AAMA made this an “Info Only” process, provided all of the information required is submitted. It is surprising how often this information is missing.
- vi. Civilian ATCs—currently these ATCs require Class 4 FDME to OPM standards. Review the ATB on Civilian ATCs and make note. AERO development will be working on reconfiguring Class 4 FDMes to differentiate military from civilian/contractors in an upcoming change package.
- vii. **Last year, I mentioned that referencing AHLTA in the AMS for the details was perfectly acceptable. What is happening of the interim is that only “see AHLTA” is being annotated without a brief 1-2 sentence summary of what is in AHLTA for data entry and coding. I take the blame (mea culpa), but please adjust to provide the data entry team and reviewers the summary information needed.
- viii. Along the AHLTA line above, AMSs are having consults referenced but no summary. This is especially important for consults outside of the MTF.
- ix. Cut and paste verbiage for reporting Refractive Surgery info is below. Please use to insure what is needed is reported.

4. POC is the Director, USAAMA, director@amedd.army.mil.

Cut and Paste Verbiage for CRS (until designed in AERO):

Pre-operative refraction:

OD:

OS:

Type of procedure:

Date(s) of procedure:

Post-op Measurement results (≥ 3 mos, applicants/ ≥ 6 wks aircrew, 3rd measurement only):

Refraction (Cycloplegic for Class 1, Manifest for all others):

OD:

OS:

IOPs:

OD:

OS:

Visual Acuity:

OD:

OS:

Slit Lamp Examination (0=none, 1=trace, 2=mild... to 4=marked):

OD:

OS:

Corneal Topography (post-operative):

Low-Contrast Sensitivity Testing (5% contrast or other approved):

OD:

OS: